

# Health and Wellbeing Board Terms of Reference and Governance Arrangements

Health and Wellbeing Board

Date: 11 March 2015

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Author: Director of Public Health

Wards: All

Locality Affected: All

Parishes Affected: All

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## 1. Purpose and Reasons

- 1.1 The purpose of this report is to present to the Health and Wellbeing Board members an update to the Health and Wellbeing Board's current Terms of Reference and provide clarity around the governance arrangements that support the board.
- 1.2 In light of the responsibilities of the Health and Wellbeing Board in relation to joint commissioning and the Better Care Fund, it is proposed that the Health and Wellbeing Board leads joint commissioning with strategic decision taken by Swindon Borough Council cabinet and the CCG Governing Body.
- 1.3 Over the past three years the Joint Commissioning Board has monitored the Section 75 Agreements. The existing Section 75 Agreements were for a period of three years and expire on 31<sup>st</sup> March 2015. Furthermore In December 2014 the Better Care Fund Plan was agreed by NHS England. There is now a requirement to develop a new NHS Act 2006 Section 75 Agreement covering adult and children as well as the Better Care Fund.

## 2. Recommendations

The Board is recommended to:

- 2.1 Discuss the proposal, make any amendments and recommend to full Council the adoption of the revised Health and Wellbeing Board Terms of Reference as set out in **Appendix 1**.

## 3. Detail

- 3.1 The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Swindon's Health and Wellbeing Board was established in April 2013.
- 3.2 The Swindon Health and Wellbeing Board's primary role is to provide strategic leadership to improve the health and wellbeing of Swindon's population (both adults and children) and to reduce the inequalities in health experienced by some communities. It aims to:

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Further information on the subject of this report can be obtained from Cherry Jones, 01793 444681, [cherryjones@swindon.gov.uk](mailto:cherryjones@swindon.gov.uk).

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**Health and Wellbeing Board**

**Date: 11 March 2015**

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- 3.2.1 Ensure delivery of improved outcomes for the people of Swindon bringing together national health and social care policy in conjunction with local priorities.
  - 3.2.2 Achieve democratic legitimacy and accountability, and empower local people to take part in decision-making about local health and wellbeing.
  - 3.2.3 Ensure the development of integrated working across the health and care system.
  - 3.3 HWB members are required to collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way
  - 3.4 More specifically, HWBs:
    - 3.4.1 have strategic influence over commissioning decisions across health, public health, children's services and social care;
    - 3.4.2 bring together Clinical Commissioning Groups and councils to develop a shared understanding of the health and wellbeing needs of their communities. This includes the Joint Strategic Needs Assessment (JSNA) and local Pharmaceutical Needs Asses;
    - 3.4.3 develop a Joint Health and Wellbeing Strategy for how these needs can be best addressed to improve the health and wellbeing of local people and reduce inequalities. This includes recommendations for joint commissioning and integrating services across health and care. Commissioners are required to ensure that their commissioning plans adequately take account of the joint health and wellbeing strategy;
    - 3.4.4 strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in decision making. The boards also provide a forum for challenge, and discussion;
    - 3.4.5 have powers to bring together commissioners of any services that impact on the wider determinants of health, to work with the Board and other commissioners of health and social care.
  - 3.5 Following a review of the experience of the HWB's operation it is proposed to change the existing governance arrangements. This is because of its interaction with other existing forums including the local safeguarding boards and the Community Safety Partnership Executive and the changes to the new National Health Services Act 2006 Section 75 Agreements starting 1<sup>st</sup> April 2015.

# Health and Wellbeing Board Terms of Reference and Governance Arrangements

**Health and Wellbeing Board**

**Date: 11 March 2015**

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- 3.6 The proposed revised Terms of Reference for the Health and Wellbeing Board are attached as Appendix 1.
  - 3.7 Also attached as Appendix 2 is a structure chart indicating the governance arrangements that support the Health and Wellbeing Board and how the HWB will operate within the Council's structure and its relationship to other forums.

## Joint Commissioning Group

- 3.8 Over the past three years the Joint Commissioning Board has monitored the Section 75 Agreements. In light of the responsibilities of the Health & Wellbeing Board in relation to joint commissioning and the Better Care Fund, it is proposed that the Health & Wellbeing Board leads joint commissioning with strategic decision taken by Swindon Borough Council cabinet and the CCG Governing Body and that the Joint Commissioning Board (Children and Adults) will discontinue from 31<sup>st</sup> March 2015.
- 3.9 Strong governance has been in place through the Joint Commissioning Board which has monitored the existing Section 75 Agreements since April 2012. Since then the Health & Wellbeing Board has been established in April 2013.
- 3.10 In order to ensure good governance, it is proposed that an officer group of the Council and the Clinical Commissioning Group monitors the Section 75 Agreements on a monthly basis and reports to the Health & Wellbeing Board. As the Health & Wellbeing Board would be accountable for the delivery of the section 75 Agreements, the Joint Commissioning Board would no longer be required.
- 3.11 The statutory guidance for Health & Wellbeing Boards places the lead for joint commissioning, promotion of integrated working and prevention and early intervention to improve the health and wellbeing of the population with the Board.
- 3.12 This has been reinforced through the Care Act 2013 as well as the lead role of the Board in the development of the Better Care Fund Plan.
- 3.13 It is therefore proposed that the Health and Wellbeing Board becomes responsible for the monitoring of the section 75 Agreements with changes to its Terms of References to incorporate this duty.
- 3.14 As the Health and Wellbeing Board is a strategic body, it is proposed that the day to day joint commissioning is monitored by a Joint Commissioning Group of SBC and CCG officers. The Joint Commissioning Group will meet monthly, monitor progress against financial and performance targets and prepares reports for the Health and wellbeing Board. There will be an annual review and additional reports outlining changes to the joint commissioning arrangements would be presented to the Health and Wellbeing Board by the Joint Commissioning Group.

# Health and Wellbeing Board Terms of Reference and Governance Arrangements

**Health and Wellbeing Board**

**Date: 11 March 2015**

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- 3.15 The Terms of Reference for the Joint Commissioning Group are attached as Appendix 3.
- 3.16 This would mean that there is no longer a need for a member led Joint Commissioning Board as the function will be undertaken by the Health and Wellbeing Board.
- 3.17 The proposed changes will be discussed by the Health and Wellbeing Board in March 2015 before recommendation to FULL Council and the CCG Governing Board.
- 3.18 The proposed start date is 1<sup>st</sup> April 2015.

## Children's Trust

- 3.19 The Children's Trust operates as a sub-group reporting through to Cabinet and has undertaken the role of developing the work around our 'Early Help' support in particular and linking closely with the LSCB regarding safeguarding issues. Due to in particular, the changing dynamic and position the council now finds itself in regarding the increasing conversion of our Schools to Academies and the increasing pressure by Ofsted upon increasing standards of attainment, the attendance by Secondary Schools/Academies in particular at the Children's Trust has diminished greatly over the last 18 months or so.
- 3.20 As suggested below, due to the proposal to develop an Education Strategy Board which helps to hold to account our Schools and Academies in a more collaborative way, then the Children's Trust should be disbanded. The initial focus on the Education Strategy Board will be concerning raising standards and ensuring that our supportive work and challenge is undertaken to achieve this, with the desire to also bring in a wider discussion concerning Early Help support such as Health, Social care input etc

## Education Strategy Board

- 3.21 An Education Strategy Board has been established made up of a range of partners, including academies (which are independent), state funded schools, directly responsible to the secretary of state. As the Department for Education has made it clear in statutory guidance that it is for an academy to determine its relationship with a local authority not vice versa this board does not have formal accountability to Cabinet.
- 3.22 The Education Strategy Board will help harness the work of the Teaching School; SBC support where applicable; best practice; examine collaboration across Schools; provide a focus upon cohorts and/or areas of development etc. It has already been agreed that the SW Regional Schools Commissioner has agreed to

# Health and Wellbeing Board Terms of Reference and Governance Arrangements

Health and Wellbeing Board

Date: 11 March 2015

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be the independent chair of the Board, who is best placed in his role to support/challenge our Academies

## Community Safety Partnership Executive

- 3.23 Swindon Community Safety Partnership fulfils the requirements of the Crime and Disorder Act 1999, Police and Justice Act and other supporting legislation including the Police Reform Act 2002 and the Police Reform and Social Responsibility Act 2011. Its purpose is to drive a partnership approach to reduction of crime, disorder and fear of crime.

## **4. Alternative Options**

- 4.1 Not to agree the changes to the proposed governance arrangements outlined.

## **5. Implications, Diversity Impact Assessment and Risk Management**

### Financial and Procurement Implications

- 5.1 There are no financial implications arising from this report

### Legal and Human Rights Implications

- 5.2 Legal or human rights implications were fully taken into account in the preparation of this report and it is considered that the recommendations and proposed terms of reference are compatible with Convention Rights.

### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other implications as a result of this report

### Diversity Impact Assessment

- 5.4 A Diversity Impact assessment has not been completed for this report as this report does not introduce new priorities

### Risk Management

- 5.5 There are no unmitigated risks identified as a result of this report

## **6. Consultees**

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **7. Background Papers**

- 7.1 None.

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## **8. Appendices**

- 8.1 Appendix 1. Health and Wellbeing Board Terms of Reference
- 8.2 Appendix 2. Health and Wellbeing Board governance structure chart
- 8.3 Appendix 3. The Joint Commissioning Group Terms of Reference